

MILWAUKIE POLICE CADET EMERGENCY CONTACT SHEET

YOUR NAME _____
ADDRESS _____
PHONE NUMBER _____

Any existing known medical conditions? (i.e. allergies to medications, asthma, allergies to foods or negative reactions to insect stings, etc.)

In case of an injury, are there any medications you are currently taking for which the emergency room would need to know?

- IF YOU ARE INJURED, WHO DO YOU WANT NOTIFIED?

NAME _____
ADDRESS _____
PHONE NUMBERS _____

NAME _____
ADDRESS _____
PHONE NUMBERS _____

IF YOU ARE MORTALLY INJURED, WHO DO YOU WANT TO BE WITH THOSE WHO MAKE THE NOTIFICATIONS?

NAME _____
PHONE NUMBER _____

NAME _____
PHONE NUMBER _____

INSURANCE INFORMATION: INSURANCE CARRIER _____
POLICY NUMBER _____
ADDITIONAL INFORMATION _____

ADDITIONAL INFORMATION
